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SERIAL NUMBER 10/027,343	FILING OR 371(c) DATE 12/19/2001 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. VM6117
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APPLICANTS

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** CONTINUING DATA *****

*nm**PV*

** FOREIGN APPLICATIONS *****

nm PV

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/28/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature <i>PV</i> Initials <i>nm</i>		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
IL	3	42	10

ADDRESS

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TITLE

Reconfiguration surgical apparatus

FILING FEE RECEIVED 1724	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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